		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0041046

Facility Name: PROVENA COR MARIAE CENTER

Address: 3330 MARIA LINDEN DR (Number) ROCKFOD (City) 61114 (Zip Code)

County: WINNEBAGO

Telephone Number: 815-877-7416 **Fax #** 815-877-4299

IDPA ID Number: 371127787013

Date of Initial License for Current Owners: 06/01/95

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501(c)(3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Lynda Olinski **Telephone Number:** 709-478-7916

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2003 to 12/31/2003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Michael R Gordon
(Title) Vice President

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	63	Skilled (SNF)	63	22,995	1
2	0	Skilled Pediatric (SNF/PED)	0		2
3	0	Intermediate (ICF)	0		3
4	0	Intermediate/DD	0		4
5	89	Sheltered Care (SC)	89	32,485	5
6	0	ICF/DD 16 or Less	0		6
7	152	TOTALS	152	55,480	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	4,228	6,827	7,583	18,638	8
9	SNF/PED	0	0	0		9
10	ICF	0	3,527	0	3,527	10
11	ICF/DD	0	0	0		11
12	SC	0	30,829	0	30,829	12
13	DD 16 OR LESS	0	0	0		13
14	TOTALS	4,228	41,183	7,583	52,994	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.52%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A - None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 6/5/1995

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 6/5/1995 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 41 and days of care provided 7,583

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/2003 Fiscal Year: 12/31/2003

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	365,684	26,345	33,840	425,869		425,869		425,869			1
2	Food Purchase		262,923		262,923		262,923	2,452	265,375			2
3	Housekeeping	117,115	39,584	(407)	156,292		156,292		156,292			3
4	Laundry	53,731	6,119	13,348	73,198		73,198		73,198			4
5	Heat and Other Utilities			246,910	246,910		246,910	4,891	251,801			5
6	Maintenance	107,271	19,931	98,134	225,336		225,336	704	226,040			6
7	Other (specify):* Pastoral Care/Develop	61,381	4,795		66,176		66,176	(33,761)	32,415			7
8	TOTAL General Services	705,182	359,697	391,825	1,456,704		1,456,704	(25,714)	1,430,990			8
	B. Health Care and Programs											
9	Medical Director			13,800	13,800		13,800		13,800			9
10	Nursing and Medical Records	1,699,400	70,191	44,157	1,813,748		1,813,748		1,813,748			10
10a	Therapy		1,896	373,814	375,710		375,710		375,710			10a
11	Activities	204,228	8,610	6,190	219,028		219,028		219,028			11
12	Social Services	63,037	403		63,440		63,440		63,440			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,966,665	81,100	437,961	2,485,726		2,485,726		2,485,726			16
	C. General Administration											
17	Administrative	245,078	16,675	655,958	917,711		917,711	187,695	1,105,406			17
18	Directors Fees											18
19	Professional Services			122,983	122,983		122,983	(537,507)	(414,524)			19
20	Dues, Fees, Subscriptions & Promotions			54,331	54,331		54,331	(32,487)	21,844			20
21	Clerical & General Office Expenses		30,937	29,470	60,407		60,407	(9,381)	51,026			21
22	Employee Benefits & Payroll Taxes			662,759	662,759		662,759	47,473	710,230			22
23	Inservice Training & Education			11,968	11,968		11,968	7,159	19,127			23
24	Travel and Seminar			7,698	7,698		7,698	4,673	12,870			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			55,548	55,548		55,548		55,548			26
27	Other (specify):* Bad Debt			105,991	105,991		105,991	(105,991)				27
28	TOTAL General Administration	245,078	47,612	1,706,706	1,999,396		1,999,396	(438,366)	1,561,527			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,916,925	488,409	2,536,492	5,941,826		5,941,826	(464,080)	5,478,243			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number PROVENA COR MARIAE CENTER #0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			284,890	284,890		284,890	(2,970)	281,920			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							180,679	180,679			32
33	Real Estate Taxes			966	966		966		966			33
34	Rent-Facility & Grounds							14,262	14,262			34
35	Rent-Equipment & Vehicles			41,293	41,293		41,293	1,170	42,463			35
36	Other (specify):*											36
37	**TOTAL Ownership**			327,149	327,149		327,149	193,141	520,290			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			345,526	345,526		345,526		345,526			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			34,493	34,493		34,493		34,493			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			380,019	380,019		380,019		380,019			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,916,925	488,409	3,243,660	6,648,994		6,648,994	(270,939)	6,378,551			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(6,106)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds	(12,937)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(105,991)	27		24
25	Fund Raising, Advertising and Promotional	(38,942)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (163,976)		$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(56,346)	Var	34
35	Other- Attach Schedule	(50,617)	Var	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (106,963)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (270,939)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

PROVENA COR MARIAE CENTER

ID# 0041046

Report Period Beginning: 1/1/2003

Ending: 12/31/2003

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Development - Salaries	$ (33,761)	7	1
2	Development - Events	(3,366)	17	2
3	Development - Misc Net Assets Released	(1,315)	17	3
4	Development - Consulting	(937)	19	4
5	Development - Benefits	(2,699)	22	5
6	Development - Travel	(499)	24	6
7	Development - Supplies	(5,221)	17	7
8	Development - Supplies	(2,361)	21	8
9	Development - Postage	(300)	21	9
10	Development - Conference	(158)	23	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(50,617)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 **Report Period Beginning:** 1/1/2003 **Ending:** 12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	2,452	0	0	0	0	0	0	0	0	0	2,452	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	4,891	0	0	0	0	0	0	0	0	0	4,891	5
6	Maintenance	0	704	0	0	0	0	0	0	0	0	0	704	6
7	Other (specify):*	(33,761)	0	0	0	0	0	0	0	0	0	0	(33,761)	7
8	**TOTAL General Services**	(33,761)	8,047	0	0	0	0	0	0	0	0	0	(25,714)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(9,902)	197,597	0	0	0	0	0	0	0	0	0	187,695	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(937)	(536,570)	0	0	0	0	0	0	0	0	0	(537,507)	19
20	Fees, Subscriptions & Promotions	(38,942)	6,455	0	0	0	0	0	0	0	0	0	(32,487)	20
21	Clerical & General Office Expenses	(15,598)	6,217	0	0	0	0	0	0	0	0	0	(9,381)	21
22	Employee Benefits & Payroll Taxes	(2,699)	50,172	0	0	0	0	0	0	0	0	0	47,473	22
23	Inservice Training & Education	(158)	7,317	0	0	0	0	0	0	0	0	0	7,159	23
24	Travel and Seminar	(499)	5,172	0	0	0	0	0	0	0	0	0	4,673	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(105,991)	0	0	0	0	0	0	0	0	0	0	(105,991)	27
28	**TOTAL General Administration**	(174,726)	(263,640)	0	0	0	0	0	0	0	0	0	(438,366)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(208,487)	(255,593)	0	0	0	0	0	0	0	0	0	(464,080)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 **Report Period Beginning:** 1/1/2003 **Ending:** 12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(6,106)	0	3,136	0	0	0	0	0	0	0	0	(2,970)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	180,679	0	0	0	0	0	0	0	0	180,679	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	14,262	0	0	0	0	0	0	0	0	14,262	34
35	Rent-Equipment & Vehicles	0	0	1,170	0	0	0	0	0	0	0	0	1,170	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(6,106)	0	199,247	0	0	0	0	0	0	0	0	193,141	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(214,593)	(255,593)	199,247	0	0	0	0	0	0	0	0	(270,939)	45

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES

A. **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	2	Food Purchase	$	Provena Senior Services	100.00%	$ 2,452	$ 2,452	1
2	V	3	Housekeeping - Supplies		Provena Senior Services	100.00%	0		2
3	V	5	Heat & Other Utilities		Provena Senior Services	100.00%	4,891	4,891	3
4	V	6	Maintenance - Other		Provena Senior Services	100.00%	704	704	4
5	V	17	Admin Salary Other Admin		Provena Senior Services	100.00%	167,663	167,663	5
6	V	17	Admin - Other		Provena Senior Services	100.00%	29,934	29,934	6
7	V	19	Professional Services	550,300	Provena Senior Services	100.00%	13,730	(536,570)	7
8	V	20	Dues, Fees, Subs & Promotions		Provena Senior Services	100.00%	6,455	6,455	8
9	V	21	Clerical/Genl Supplies		Provena Senior Services	100.00%	4,110	4,110	9
10	V	21	Clerical/Gen - Other		Provena Senior Services	100.00%	2,107	2,107	10
11	V	22	Emp Benefits & Payroll Taxes		Provena Senior Services	100.00%	50,172	50,172	11
12	V	23	Inservice Training & Education		Provena Senior Services	100.00%	7,317	7,317	12
13	V	24	Travel & Seminar		Provena Senior Services	100.00%	5,172	5,172	13
14	Total			$ 550,300			$ 294,707	$ * (255,593)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	30	Depreciation	$	Provena Senior Services	100.00%	$ 3,136	$ 3,136	15
16	V	32	Interest		Provena Senior Services	100.00%	180,679	180,679	16
17	V	34	Rent - Facility & Grounds		Provena Senior Services	100.00%	14,262	14,262	17
18	V	35	Rent - Equipment & Vehicles		Provena Senior Services	100.00%	1,170	1,170	18
19	V	17	Admin - Other	92,918	Provena Health	100.00%	92,918		19
20	V	19	Professional Services	65,604	Provena Health	100.00%	65,604		20
21	V	39	Ancillary Service Centers - Other	345,526	Provena Senior Services Pharmacy	100.00%	345,526		21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 504,048			$ 703,295	$ * 199,247	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

*** If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.**

**** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees) FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.**

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Senior Services
Street Address: 19065 Hickory Creek Drive, Ste 310
City / State / Zip Code: Mokena, IL60448
Phone Number: (708)478-7900
Fax Number: (708)478-5387

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	2	Food Purchase	Mgmt Fee Income	5,373,327	16	$ 23,945	$	550,300	$ 2,452	1
2	3	Housekeeping - Supplies	Mgmt Fee Income	5,373,327	16	(3)		550,300	0	2
3	5	Heat & Other Utilities	Mgmt Fee Income	5,373,327	16	47,756		550,300	4,891	3
4	6	Maintenance - Other	Mgmt Fee Income	5,373,327	16	6,877		550,300	704	4
5	17	Admin Salary Other Admin	Mgmt Fee Income	5,373,327	16	1,637,117	1,637,117	550,300	167,663	5
6	17	Admin - Other	Mgmt Fee Income	5,373,327	16	292,291		550,300	29,934	6
7	19	Professional Services	Mgmt Fee Income	5,373,327	16	134,066		550,300	13,730	7
8	20	Dues, Fees, Subs & Promotions	Mgmt Fee Income	5,373,327	16	63,031		550,300	6,455	8
9	21	Clerical/Genl Supplies	Mgmt Fee Income	5,373,327	16	40,128		550,300	4,110	9
10	21	Clerical/Gen - Other	Mgmt Fee Income	5,373,327	16	20,574		550,300	2,107	10
11	22	Emp Benefits & Payroll Taxes	Mgmt Fee Income	5,373,327	16	489,898		550,300	50,172	11
12	23	Inservice Training & Education	Mgmt Fee Income	5,373,327	16	71,446		550,300	7,317	12
13	24	Travel & Seminar	Mgmt Fee Income	5,373,327	16	50,497		550,300	5,172	13
14	30	Depreciation	Mgmt Fee Income	5,373,327	16	30,618		550,300	3,136	14
15	32	Interest	Mgmt Fee Income	5,373,327	16	1,764,218		550,300	180,679	15
16	34	Rent - Facility & Grounds	Mgmt Fee Income	5,373,327	16	139,255		550,300	14,262	16
17	35	Rent - Equipment & Vehicles	Mgmt Fee Income	5,373,327	16	11,422		550,300	1,170	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,823,136	$ 1,637,117		$ 493,954	25

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Health Services
Street Address: 9223 West St. Francis Road
City / State / Zip Code: Frankfurt, IL 60423
Phone Number: (815)469-4888
Fax Number: (815)469-4864

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Admin - Other	Direct Allocation			$	$		$ 92,918	1
2	19	Professional Services	Direct Allocation						65,604	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 158,522	25

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Provena Senior Services Pharmacy
Street Address: 1475 Harvard Drive
City / State / Zip Code: Kankakee, IL 60901
Phone Number: (815)928-6141
Fax Number: (815)946-3238

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	39	Ancillary Services - Other	Direct Allocation			$	$		$ 345,526	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 345,526	25

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10	Provena Senior Services										180,679	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 180,679	14
15	TOTALS (line 9+line14)						$	$			$ 180,679	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$ 823	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 966	2
3. Under or (over) accrual (line 2 minus line 1).		$ 143	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6		$ 143	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1998		8
1999		9
2000		10
2001		11
2002	966	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME PROVENA COR MARIAE CENTER COUNTY WINNEBAGO

FACILITY IDPH LICENSE NUMBER 0041046

CONTACT PERSON REGARDING THIS REPORT Lynda Olinski

TELEPHONE 708-478-7916 FAX #: 708-478-5387

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	153B004C 12-09-104-035	COMM SE COR LT IMPERIAL	$ 966.00	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 966.00	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 110,404 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 5

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [x] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home		1995	$ 670,894	1
2					2
3	TOTALS			$ 670,894	3

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	89		1995	1964	$ 1,035,000	$ 36,833	25	$ 36,833	$	$ 313,083	4
5	63			1997	2,508,246	62,711	25	62,711		391,749	5
6											6
7											7
8					3,543,246						8
	Improvement Type**										
9	VARIOUS			1995	131,756	6,588	20	6,588		53,508	9
10	VARIOUS			1996	155,789	9,862	20	9,862		74,551	10
11	VARIOUS			1997	538,025	24,768	20	24,768		234,942	11
12	VARIOUS			1998	178,518	7,374	20	7,374		50,159	12
13	VARIOUS			1999	11,391	2,234	20	2,234		10,051	13
14											14
15	DESC: BOILER CONTROL REPAIRS			2000	2,182	436	5	436		1,527	15
16	DESC: CEILING TILE			2000	547	55	10	55		192	16
17	DESC: CRM COMMON AREA ASSESSMENT			2000	3,747	749	5	749		2,623	17
18	DESC: RGB MAJOR BUILDING CONSULTING			2000	11,212	1,121	10	1,121		3,924	18
19	DESC: SEAL COAT COMPLETE			2000	7,008	1,402	5	1,402		4,906	19
20	DESC: BALLAST AND 6 LAMPS			2000	641	128	5	128		449	20
21	DESC: COMPLETED SIGNED REPAIRS			2000	12,500	2,500	5	2,500		8,750	21
22	DESC: SMARTUP REPLACEMENT/VOICEMAIL SYSTEM			2000	503	101	5	101		352	22
23	DESC: WALL FLASHING			2000	856	171	5	171		599	23
24	DESC: REPAIR BLACKTOP (WATERMAIN BREAK)			2000	2,975	595	5	595		2,082	24
25	DESC: RGB ARCHITECTURAL SERVICES			2000	855	171	5	171		599	25
26	DESC: RGB ARCHITECTURAL SERVICES			2000	1,325	265	5	265		928	26
27	DESC: ROCKFORD BLACKTOP CONSTRUCTION CO			2000	3,060	612	5	612		2,142	27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	DESC: RGB ARCHITECTURAL SERVICES	2001	$ 225	$ 45	5	$ 45	$	$ 113	37
38	DESC: 1ST FLOOR REMODELING	2001	16,085	804	20	804		2,011	38
39	DESC: RGB ARCHITECTURAL SERVICES (4/27)	2001	225	45	5	45		113	39
40	DESC: PENTHOUSE RENOVATIONS	2001	2,264	453	5	453		1,132	40
41	DESC: 2ND FLOOR REMODELING	2001	612	31	20	31		76	41
42	DESC: ROOFING REPAIRS	2001	1,115	223	5	223		558	42
43	DESC: REFRIGERANT	2001	4,400	880	5	880		2,200	43
44	DESC: ELEVATOR #2 PENTHOUSE ROOF REPAIRS	2001	21,328	2,133	10	2,133		5,332	44
45	DESC: REMODEL NURSE'S STATION - 1ST FLOOR	2001	4,125	413	10	413		1,031	45
46	DESC: ROOFING REPAIRS - CHAPEL	2001	300	60	5	60		150	46
47									47
48					20				48
49	DESC: ARCHITECT SITE VISIT	2002	2,104	301	7	301		451	49
50	DESC: KITCHEN AREA WALLS	2002	2,475	495	5	495		743	50
51	DESC: AUTOMATIC OPERATOR ASSEMBLY FOR ENTR	2002	6,820	682	10	682		682	51
52	DESC: AUTOMATIC OPERATOR ASSEMBLY FOR ENTR	2002	1,680	168	10	168		168	52
53	DESC: 3RD FLOOR REMODLING	2002	73,698	4,913	15	4,913		4,913	53
54	DESC: FREEZER REPAIR-PARTS	2002	1,203	241	5	241		361	54
55	DESC: ROOFING	2002	27,000	2,700	10	2,700		4,050	55
56	DESC: ROOFING	2002	15,300	1,530	10	1,530		2,295	56
57	DESC: REPLACEMENT OF HEAT EXCHANGER	2002	1,953	391	5	391		586	57
58	DESC: CARPET INSTALLATION	2003	90,500	9,050	5	9,050		9,050	58
59	DESC: INSTALLATION OF AWNING	2003	1,710	86	10	86		86	59
60	DESC: JOCKEY PUMP AND CONTROLLER	2003	3,340	84	20	84		84	60
61	DESC: CARPET INSTALLATION	2003	1,937	194	5	194		194	61
62	DESC: REROOFING	2003	5,325	266	10	266		266	62
63	DESC: FREEZER REPAIR	2003	1,726	173	5	173		173	63
64	DESC: REPAIR SHOWER FLOOR	2003	744	37	10	37		37	64
65	DESC: REPLACE BOILER SHEET METAL STACK	2003	2,560	64	20	64		64	65
66	DESC: COUNTER TOPS FOR THERAPY KITCHEN ARE	2003	1,103	55	10	55		55	66
67	DESC: COMPRESSOR FOR FREEZER	2003	584	29	10	29		29	67
68	DESC: ALARM SYSTEM	2003	11,753	588	10	588		588	68
69	DESC: CODE ALERT SYSTEM	2003	4,700	235	10	235		235	69
70	TOTAL (lines 4 thru 69)		$ 8,458,275	$ 186,042		$ 186,042	$	$ 1,194,937	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,047,430	$ 89,270	$ 89,270	$	10	$ 518,859	71
72	Current Year Purchases	73,040	3,300	3,300		10	3,300	72
73	Fully Depreciated Assets	41,623					41,623	73
74								74
75	TOTALS	$ 1,162,093	$ 92,569	$ 92,569	$		$ 563,782	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Plant Engineering	1991 CHEVY PICKUP	1995	$ 14,000	$	$	$		$ 14,000	76
77	Plant Engineering	2000 FORD ELDORADO	2000	42,500	4,250	4,250		10	14,875	77
78		NONCARE PORTION	2001	(15,062)	(941)	(941)			(8,942)	78
79										79
80	TOTALS			$ 41,438	$ 3,309	$ 3,309	$		$ 19,933	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 10,332,699	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 281,920	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 281,920	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,778,652	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Allocation - Home Office				14,262			5
6								6
7	TOTAL				$ 14,262 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☒ X NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 42,463 Description: Nursing $38,333, Activities $-72, Admin $3,032, Home Office $1,170
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a, 3	hrs	$	3,082	$ 160,857	$	3,082	$ 160,857	1
2	Licensed Speech and Language Development Therapist	10a, 3	hrs		371	19,346		371	19,346	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a, 3	hrs		3,709	193,611	1,896	3,709	195,507	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				345,526		345,526	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	7,161	$ 373,814	$ 347,422	7,161	$ 721,236	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2003 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 8,794,696	$	1
2	Cash-Patient Deposits	77,816		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	10,376,541		3
4	Supply Inventory (priced at)	485,379		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,788		6
7	Other Prepaid Expenses	803,877		7
8	Accounts Receivable (owners or related parties)	251,746		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 20,809,843	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	7,263,715		12
13	Land	6,877,199		13
14	Buildings, at Historical Cost	72,927,547		14
15	Leasehold Improvements, at Historical Cos			15
16	Equipment, at Historical Cost	13,543,467		16
17	Accumulated Depreciation (book methods)	(39,708,360)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	38,281		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Goodwill	147,576		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 61,089,425	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 81,899,268	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,893,009	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,831,666		28
29	Short-Term Notes Payable	1,152,937		29
30	Accrued Salaries Payable	2,954,499		30
31	Accrued Taxes Payable (excluding real estate taxes)	123,166		31
32	Accrued Real Estate Taxes(Sch.IX-B)	320,867		32
33	Accrued Interest Payable	24,581		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Due to Related Party	50,095		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 8,350,820	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	41,981,938		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	102,004		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 42,083,942	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 50,434,762	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 31,464,506	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 81,899,268	$	48

*(See instructions.)

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 33,384,592	1
2	Restatements (describe):		2
3	**2002 Goodwill Write off per Audit**	(3,481,389)	3
4	**Adj. To Reconcile Consolidated Equity and Consolidated**		4
5	**Net Income to Nursing Facility Amounts**	1,259,521	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 31,162,724	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	301,782	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 301,782	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 31,464,506	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,235,917	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,235,917	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	466,624	5
6	Therapy	660,970	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,127,594	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	336,104	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22**	$ 336,104	23
	D. Non-Operating Revenue		
24	Contributions	144,148	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 144,148	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Misc. Transportation**	94,075	28
28a	**Purchase Discounts**	12,937	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 107,012	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,950,775	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,456,704	31
32	Health Care	2,485,726	32
33	General Administration	1,999,396	33
	B. Capital Expense		
34	Ownership	327,149	34
	C. Ancillary Expense		
35	Special Cost Centers	345,526	35
36	Provider Participation Fee	34,493	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,648,994	40
41	**Income before Income Taxes (line 30 minus line 40)****	301,782	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 301,782	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,916	2,114	$ 67,628	$ 31.99	1
2	Assistant Director of Nursing	1,006	1,061	25,134	23.69	2
3	Registered Nurses	14,963	16,237	360,315	22.19	3
4	Licensed Practical Nurses	16,260	17,859	358,853	20.09	4
5	Nurse Aides & Orderlies	62,370	66,974	832,328	12.43	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,091	4,391	55,142	12.56	8
9	Activity Director	2,763	3,014	46,165	15.32	9
10	Activity Assistants	18,293	19,364	158,063	8.16	10
11	Social Service Workers	3,774	4,325	63,037	14.58	11
12	Dietician					12
13	Food Service Supervisor	5,423	5,738	85,130	14.84	13
14	Head Cook	7,506	8,170	83,647	10.24	14
15	Cook Helpers/Assistants	24,485	26,507	196,907	7.43	15
16	Dishwashers					16
17	Maintenance Workers	6,727	7,395	107,271	14.51	17
18	Housekeepers	14,025	15,289	117,115	7.66	18
19	Laundry	6,236	6,711	53,731	8.01	19
20	Administrator	1,848	2,080	86,807	41.73	20
21	Assistant Administrator					21
22	Other Administrative	5,415	5,738	92,532	16.13	22
23	Office Manager					23
24	Clerical	6,079	6,509	65,739	10.10	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Pastoral/Developm	3,976	4,272	61,381	14.37	33
34	TOTAL (lines 1 - 33)	207,156	223,748	$ 2,916,925 *	$ 13.04	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	132	$ 9,725		35
36	Medical Director	$1,150/mth	13,800		36
37	Medical Records Consultant	15	750		37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	38	2,165		44
45	Social Service Consultant	46	2,594		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	230	$ 29,034		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 0		50
51	Licensed Practical Nurses	58	2,016		51
52	Nurse Aides		0		52
53	TOTAL (lines 50 - 52)	58	$ 2,016		53

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Teresa Wester-Peters	Admin	0	$ 86,807
Other			158,271
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 245,078

B. Administrative - Other

Description	Amount
Corp Service Fee	$ 92,918
Mgmt Fee	296,824
Mgmt Fee Interest	253,476
Miscellaneous	12,740
TOTAL (agree to Schedule V, line 17, col. 3)	$ 655,958
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Legal Fees	Various	$ 5,159
Purchased Services	Various	2,321
Purchased Services	Various	6,300
Consulting	Various	750
Consulting	Various	2,165
Consulting	Various	9,725
Consulting	Various	27,428
Consulting	Various	65,604
Consulting	Various	2,594
Consulting	Various	937
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 122,983

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 49,559
Unemployment Compensation Insurance	15,502
FICA Taxes	206,636
Employee Health Insurance	209,004
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	179,357
Home Office Allocation	50,172
TOTAL (agree to Schedule V, line 22, col.8)	$ 710,230

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 77)	
Dues & Subscriptions	54,331
Advertising & Public Relations	
Home Office Allocation	6,455
Less: Public Relations Expense	( )
Non-allowable advertising	(38,942)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 21,844

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	7,698
Seminar Expense	
Home Office Allocation	5,172
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 12,870

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number PROVENA COR MARIAE CENTER # 0041046 Report Period Beginning: 1/1/2003 Ending: 12/31/2003

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **6514 - Life Services Network**

(3) Did the nursing home make political contributions or payments to a politica action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **Yes** If YES, what is the capacity? **152**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **24,013** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions fo Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Departmen of Public Aid during this cost report period. $ **34,493**
This amount is to be recorded on line 42 of Schedule V

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classifiec in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services fo the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. $ **N/A** Has any meal income been offset against related costs? **No** Indicate the amount. $ **None**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation fo residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all othe times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjustec out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **KPMG** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **not issued yet**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

PROVENA COR MARIAE CENTER
0041046
Attachment for Related Facilities
12/31/2003

Related Nursing Homes

Facility Name	City
Provena Our Lady of Victory	Bourbonnais
Provena Pine View Care Center	St. Charles
Provena Geneva Care Center	Geneva
Provena Cor Mariae Center	Rockford
Provena St. Joseph Center	Freeport
Provena McAuley Manor	Aurora
Provena St. Anne Center	Rockford
Provena Villa Franciscan	Joliet
Provena Heritage Village	Kankakee

Related Business Entities

Facility Name	City	Notes
Provena Clinics		Physician's Clinics
Provena Fortin Villa Learning Ce	Bourbonnais	Childrens Center
Provena Fox Knoll	Aurora	Retirement Community
Provena Health	Frankfurt	Parent Company
Provena Home Care		Home Health
Provena Home Equipment		Home Equipment
Provena Hospice		Hospice
Provena Hospitals		Hospital
Provena Laverna Terrace	Avilla, IN	Independent Living
Provena Meadowview Lodge	Kankakee	Supportive Living
Provena Senior Services	Mokena	Management Company
Provena Senior Services Pharma	Kankakee	Pharmacy
Provena St. Joseph Adult Day Ca	Freeport	Adult Day Care
Provena St. Mary's Adult Day Ca	Kankakee	Adult Day Care
Provena St. Vincent	Freeport	Community Living
St. Anne's Place	Rockford	Independent Living

XIX Supporting Schedules

B. Administrative - Other

PSS CRM DEVELOPMENT ACTIV/SPECIAL EVENTS	3,366.42
PSS CRM DEVELOPMENT MISCELLANEOUS	1,314.98
PSS CRM ADMINISTRATION DONATIONS	-
PSS CRM ADMINISTRATION ACTIV/SPECIAL EVENTS	3,252.99
PSS CRM ADMINISTRATION FLORAL DECORATIONS	1,919.41
PSS CRM ADMINISTRATION MISCELLANEOUS	1,633.42
PSS CRM ADMINISTRATION MISC EXP-ALLOCATED	1,252.13
PSS CRM ADMINISTRATION PH CORP SVC FEE	92,918.00
PSS CRM ADMINISTRATION PROVENA PSS MGMT FEE	296,824.00
PSS CRM ADMINISTRATION PH PSS MGMT FEE INT	253,476.00
Total	655,957.35

C. Professional Services

PSS CRM SKILLED NSG CONSULTING	750.00 x
PSS CRM ACTIVITIES CONSULTING	2,164.85 x
PSS CRM SOCIAL WORK CONSULTING	2,594.13
PSS CRM DIETARY CONSULTING	9,725.35 x
PSS CRM PASTORAL CARE OTHER PURCHASED SERV	6,300.00 x
PSS CRM DEVELOPMENT CONSULTING	937.00
PSS CRM DEVELOPMENT OTHER PURCHASED SERV	-
PSS CRM ADMINISTRATION NON MED SERVICES	-
PSS CRM ADMINISTRATION LEGAL	5,159.26 x
PSS CRM ADMINISTRATION CONSULTING	27,428.04 x
PSS CRM ADMINISTRATION CONSULTING-SOFTWARE	65,604.00 x
PSS CRM ADMINISTRATION OTHER PURCHASED SERV	2,321.08 x
Total	122,983.71

D. Employee Benefit and Payroll Taxes

PSS CRM SKILLED NSG FICA	124,108.22		
PSS CRM SKILLED NSG GRP HEALTH INSURANCE	-		
PSS CRM SKILLED NSG GRP VISION INSURANCE	-		
PSS CRM SKILLED NSG GRP DENTAL INSURANCE	-		
PSS CRM SKILLED NSG PENSION-MATCH	5,021.50		
PSS CRM SUPPORTIVE LIV FICA	5,936.85		
PSS CRM SUPPORTIVE LIV PENSION-MATCH	601.39		
PSS CRM ACTIVITIES FICA	9,062.90		
PSS CRM ACTIVITIES GRP HEALTH INSURANCE	-		
PSS CRM ACTIVITIES GRP VISION INSURANCE	-		
PSS CRM ACTIVITIES GRP DENTAL INSURANCE	-		
PSS CRM ACTIVITIES PENSION-MATCH	1,254.04		
PSS CRM SOCIAL WORK FICA	4,441.96		
PSS CRM SOCIAL WORK GRP HEALTH INSURANCE	-		
PSS CRM SOCIAL WORK GRP VISION INSURANCE	-		
PSS CRM SOCIAL WORK GRP DENTAL INSURANCE	-		
PSS CRM SOCIAL WORK PENSION-MATCH	724.90		
PSS CRM DIETARY FICA	25,932.41		
PSS CRM DIETARY GRP HEALTH INSURANCE	-		
PSS CRM DIETARY GRP VISION INSURANCE	-		
PSS CRM DIETARY GRP DENTAL INSURANCE	-		
PSS CRM DIETARY PENSION-MATCH	1,762.90		
PSS CRM PLANT ENG FICA	7,181.40		
PSS CRM PLANT ENG GRP HEALTH INSURANCE	-		
PSS CRM PLANT ENG GRP VISION INSURANCE	-		
PSS CRM PLANT ENG GRP DENTAL INSURANCE	-		
PSS CRM HOUSEKEEPING FICA	8,208.32		
PSS CRM HOUSEKEEPING GRP HEALTH INSURANCE	-		
PSS CRM HOUSEKEEPING GRP VISION INSURANCE	-		
PSS CRM HOUSEKEEPING GRP DENTAL INSURANCE	-		
PSS CRM HOUSEKEEPING PENSION-MATCH	1,305.24		
PSS CRM LAUNDRY FICA	3,821.19		
PSS CRM LAUNDRY GRP HEALTH INSURANCE	-		
PSS CRM LAUNDRY GRP VISION INSURANCE	-		
PSS CRM LAUNDRY GRP DENTAL INSURANCE	-		
PSS CRM LAUNDRY PENSION-MATCH	721.31		
PSS CRM EMP BENEFITS FICA	491.82		
PSS CRM EMP BENEFITS UNEMPLOYMENT	15,502.00		
PSS CRM EMP BENEFITS WORKERS COMPENSATION	49,559.00		
PSS CRM EMP BENEFITS GRP HEALTH INSURANCE	209,003.92		
PSS CRM EMP BENEFITS GRP VISION INSURANCE	1,136.49		
PSS CRM EMP BENEFITS GRP DENTAL INSURANCE	9,298.79		
PSS CRM EMP BENEFITS GROUP LIFE INSURANCE	11,379.10		
PSS CRM EMP BENEFITS PENSION-FUNDING	109,562.92		
PSS CRM EMP BENEFITS PENSION-MATCH	-		
PSS CRM EMP BENEFITS EXECUTIVE BENEFITS	5,005.39		
PSS CRM EMP BENEFITS OTHER BENEFITS	10,291.09		
PSS CRM PASTORAL CARE FICA	152.37		
PSS CRM DEVELOPMENT FICA	2,699.33	fica	209335.4
PSS CRM DEVELOPMENT GRP HEALTH INSURANCE	-		
PSS CRM DEVELOPMENT GRP VISION INSURANCE	-		
PSS CRM DEVELOPMENT GRP DENTAL INSURANCE	-		
PSS CRM DEVELOPMENT PENSION-MATCH	31.65		
PSS CRM ADMINISTRATION FICA	17,298.66		
PSS CRM ADMINISTRATION GRP HEALTH INSURANCE	18,630.51		
PSS CRM ADMINISTRATION GRP VISION INSURANCE	-		
PSS CRM ADMINISTRATION GRP DENTAL INSURANCE	-		
PSS CRM ADMINISTRATION GROUP LIFE INSURANCE	(117.32)		
PSS CRM ADMINISTRATION PENSION-MATCH	2,747.73		
PSS CRM SKILLED NSG INCENTIVE COMP	7,784.00		
PSS CRM DIETARY INCENTIVE COMP	3,807.00		
PSS CRM PLANT ENG INCENTIVE COMP	4,226.00		
PSS CRM DEVELOPMENT INCENTIVE COMP	5,067.00		
PSS CRM ADMINISTRATION INCENTIVE COMP	7,636.95		
Total	691,278.93		

F. Dues, Fees, Subscription and Promotions

PSS CRM SKILLED NSG BOOKS, SUBSCRIPTIONS	1,333.77	
PSS CRM ACTIVITIES BOOKS, SUBSCRIPTIONS	492.50	
PSS CRM DIETARY BOOKS, SUBSCRIPTIONS	82.15	
PSS CRM PLANT ENG BOOKS, SUBSCRIPTIONS	99.73	
PSS CRM PASTORAL CARE BOOKS, SUBSCRIPTIONS	59.00	
PSS CRM ADMINISTRATION BOOKS, SUBSCRIPTIONS	724.91	
PSS CRM SKILLED NSG RECRUITMENT	37.50	
PSS CRM DEVELOPMENT ADVERT/MARKETING	919.08 *	
PSS CRM ADMINISTRATION ADVERT/MARKETING	37,238.76 *	
PSS CRM ADMINISTRATION DUES	11,996.40	*=non-allowable
PSS CRM ADMINISTRATION RECRUITMENT	563.63	38941.88
PSS CRM PLANT ENG ADVERT/MARKETING	(410.50) *	
PSS CRM SKILLED NSG ADVERT/MARKETING	41.65 *	
PSS CRM ADMINISTRATION OUTSIDE PRINTING	1,152.89 *	
total	54,331.47	

G. Schedule of Travel

PSS CRM SKILLED NSG TRAVEL	2,069.33
PSS CRM SUPPORTIVE LIV TRAVEL	38.88
PSS CRM ACTIVITIES TRAVEL	269.00
PSS CRM SOCIAL WORK TRAVEL	271.62
PSS CRM DIETARY TRAVEL	373.50
PSS CRM PLANT ENG TRAVEL	448.80
PSS CRM PASTORAL CARE TRAVEL	197.98
PSS CRM DEVELOPMENT TRAVEL	498.57
PSS CRM ADMINISTRATION TRAVEL	3,529.96
total	7,697.64

Schedule V

Dietary Supplies

PSS CRM SKILLED NSG DIETARY SUPPLIES	2,569.61
PSS CRM DIETARY GLOVES	1,521.27
PSS CRM DIETARY OTHER SUPPLIES	8,351.65
PSS CRM DIETARY DIETARY SUPPLIES	12,889.42
PSS CRM HOUSEKEEPING DIETARY SUPPLIES	238.08
PSS CRM LAUNDRY DIETARY SUPPLIES	690.40
PSS CRM PASTORAL CARE DIETARY SUPPLIES	(20.00)
PSS CRM PLANT ENG DIETARY SUPPLIES	104.91
total	26,345.34

Dietary Other

PSS CRM DIETARY UNIFORMS	208.88
PSS CRM DIETARY PAPER GOODS	12,980.94
PSS CRM DIETARY OFFICE SUPPLIES	592.93
PSS CRM DIETARY DISHES, GLASS & SILV	1,534.32
PSS CRM DIETARY DIETARY SUPPLEMENTS	15,696.24
PSS CRM DIETARY POSTAGE/MAIL/COURIER	152.00
PSS CRM DIETARY EDUCATION/CONFERENCE	255.00
PSS CRM DIETARY REPAIR & MAINT-EQUIP	140.00
PSS CRM DIETARY OTHER PURCHASED SERV	(331.50)
PSS CRM DIETARY RENTAL/LEASE-EQUIP	48.60
PSS CRM DIETARY MISCELLANEOUS	(112.66)
PSS CRM SKILLED NSG DIETARY SUPPLEMENTS	2,675.48
total	33,840.23

Food Purchase

PSS CRM SKILLED NSG FOOD	538.96
PSS CRM ACTIVITIES FOOD	339.12
PSS CRM DIETARY FOOD	211,702.63
PSS CRM DIETARY DAIRY, MILK	4,318.57
PSS CRM DIETARY BEVERAGES	45,890.31
PSS CRM PLANT ENG BEVERAGES	237.83
PSS CRM ADMINISTRATION FOOD	(104.41)
total	262,923.01

Housekeeping Supplies

PSS CRM SUPPORTIVE LIV CLEANING SUPPLIES	(31.86)
PSS CRM DIETARY CLEANING SUPPLIES	579.48
PSS CRM PLANT ENG CLEANING SUPPLIES	354.89
PSS CRM HOUSEKEEPING CLEANING SUPPLIES	9,227.62
PSS CRM HOUSEKEEPING OTHER SUPPLIES	22,878.72
PSS CRM LAUNDRY CLEANING SUPPLIES	5,216.64
PSS CRM HOUSEKEEPING MED/SURG SUPPLIES	314.05
PSS CRM HOUSEKEEPING GLOVES	1,044.32
total	39,583.86

Housekeeping Other

PSS CRM HOUSEKEEPING MISCELLANEOUS	(406.68)

Laundry Supplies

PSS CRM LAUNDRY GLOVES	179.20
PSS CRM LAUNDRY OTHER SUPPLIES	5,940.14
total	6,119.34

Laundry Other

PSS CRM LAUNDRY LINEN	12,819.24
PSS CRM SUPPORTIVE LIV LINEN	529.20
total	13,348.44

Heat and Other Utilities

PSS CRM PROPERTY MGMT ELECTRICITY	97,094.27
PSS CRM PROPERTY MGMT NATURAL GAS	87,753.35
PSS CRM PROPERTY MGMT WATER	25,567.68
PSS CRM PROPERTY MGMT CABLE TV/SATELLITE	11,500.97
PSS CRM PROPERTY MGMT SEWER/GARBAGE	24,993.27
total	246,909.54

Maintenance Supplies

PSS CRM SKILLED NSG MINOR EQUIPMENT	1,012.41
PSS CRM SUPPORTIVE LIV MINOR EQUIPMENT	105.99
PSS CRM ACTIVITIES MINOR EQUIPMENT	94.81
PSS CRM SOCIAL WORK MINOR EQUIPMENT	93.63
PSS CRM DIETARY MINOR EQUIPMENT	(57.91)
PSS CRM PLANT ENG OXYGEN	127.47
PSS CRM PLANT ENG MINOR EQUIPMENT	3,615.34
PSS CRM PLANT ENG OTHER SUPPLIES	13,170.24
PSS CRM LAUNDRY MINOR EQUIPMENT	784.50
PSS CRM PASTORAL CARE MINOR EQUIPMENT	39.92
PSS CRM ADMINISTRATION MINOR EQUIPMENT	944.80
total	19,931.20

Maintenance Other

PSS CRM SKILLED NSG REPAIR & MAINT PARTS	422.51
PSS CRM ACTIVITIES REPAIR & MAINT PARTS	97.74
PSS CRM ACTIVITIES AUTOMOBILE GAS/MAINT	39.04
PSS CRM SOCIAL WORK REPAIR & MAINT PARTS	454.00
PSS CRM DIETARY REPAIR & MAINT PARTS	(83.66)
PSS CRM PLANT ENG REPAIR & MAINT PARTS	27,621.00
PSS CRM PLANT ENG MAINTENANCE CONTRACT	20,541.09
PSS CRM PLANT ENG AUTOMOBILE GAS/MAINT	1,202.94
PSS CRM PLANT ENG REPAIR & MAINT-BUILD	14,014.13
PSS CRM PLANT ENG REPAIR & MAINT-EQUIP	12,924.38
PSS CRM PLANT ENG PREVENT MAINT-BUILD	72.54
PSS CRM PLANT ENG PREVENT MAINT-EQUIP	3,162.41
PSS CRM PLANT ENG LAWN CARE	1,437.00
PSS CRM PLANT ENG OTHER PURCHASED SERV	10,811.47
PSS CRM PLANT ENG RENTAL/LEASE-EQUIP	(26.79)
PSS CRM PLANT ENG RENTAL/LEASE-OTHER	225.00
PSS CRM PLANT ENG FLORAL DECORATIONS	90.00
PSS CRM PLANT ENG MISCELLANEOUS	167.91
PSS CRM PLANT ENG PEST CONTROL	1,658.00
PSS CRM HOUSEKEEPING REPAIR & MAINT PARTS	51.55
PSS CRM HOUSEKEEPING REPAIR & MAINT-EQUIP	162.98
PSS CRM ADMINISTRATION REPAIR & MAINT PARTS	43.44
PSS CRM ADMINISTRATION MAINTENANCE CONTRAC	725.47
PSS CRM ADMINISTRATION AUTOMOBILE GAS/MAINT	346.55
PSS CRM ADMINISTRATION REPAIR & MAINT-EQUIP	135.00
PSS CRM ADMINISTRATION PREVENT MAINT-EQUIP	1,838.50
total	98,134.20

Other Gen Svc-Supplies

PSS CRM SUPPORTIVE LIV OTHER SUPPLIES	871.95
PSS CRM PASTORAL CARE OTHER SUPPLIES	3,395.21
PSS CRM PASTORAL CARE MISCELLANEOUS	527.61
total	4,794.77

Medical Director-Other

PSS CRM ADMINISTRATION PHYSICIANS & DENTIST	13,800.00

Nsg & Med Rec-Supplies

PSS CRM SKILLED NSG MED/SURG SUPPLIES	19,115.68
PSS CRM SKILLED NSG MCRA MED/SURG SUPPLY	-
PSS CRM SKILLED NSG DRESSINGS & BANDAGES	2,301.31
PSS CRM SKILLED NSG SUTURES/STAPLES	(3,549.77)
PSS CRM SKILLED NSG GLOVES	12,709.85
PSS CRM SKILLED NSG NEEDLES/SYRINGES	2,020.88
PSS CRM SKILLED NSG KITS/PACKS/TRAYS	53.10
PSS CRM SKILLED NSG URO CATHS/TRAYS/KITS	2,087.56
PSS CRM SKILLED NSG EKG/EEG SUPPLIES	43.27
PSS CRM SKILLED NSG LAB SUPPLIES	11,081.38
PSS CRM SKILLED NSG OXYGEN	24,160.72
PSS CRM SKILLED NSG IV SOLUTIONS & SETS	166.52
total	70,190.50

Nsg & Med Rec-Other

PSS CRM SKILLED NSG MED SERVICES-LPN	2,016.35
PSS CRM SKILLED NSG OTHER SUPPLIES	8,827.62
PSS CRM SKILLED NSG LINEN	24,012.97
PSS CRM SKILLED NSG DIAGNOSTIC SERVICES	9,033.42
PSS CRM SKILLED NSG OTHER PURCHASED SERV	(304.38)
PSS CRM SKILLED NSG MISCELLANEOUS	565.34
PSS CRM ADMINISTRATION MED/SURG SUPPLIES	5.40
total	44,156.72

Therapy-Supplies

PSS CRM SKILLED NSG REHAB SUPPLIES	934.31
PSS CRM ACTIVITIES REHAB SUPPLIES	421.08
PSS CRM ADMINISTRATION REHAB SUPPLIES	540.90
total	1,896.29

Therapy-Other

PSS CRM SKILLED NSG MCRA PHYS THX EXP	148,041.94		
PSS CRM SKILLED NSG MCRA OCCU THX EXP	130,998.80	PT	193610.9
PSS CRM SKILLED NSG MCRA SPEECH THX EXP	13,358.16	OT	160857.4
PSS CRM SKILLED NSG MCRB PHYS THX EXP	34,950.38	ST	19345.95
PSS CRM SKILLED NSG MCRB OCCU THX EXP	21,696.18		
PSS CRM SKILLED NSG MCRB SPEECH THX EXP	3,524.49		
PSS CRM SKILLED NSG PVT PHYS THX EXP	10,618.53		
PSS CRM SKILLED NSG PVT PAY OCCU THX EXP	8,162.38		
PSS CRM SKILLED NSG PVT PAY SPCH THX EXP	2,463.30		
total	373,814.16		

Activities-Supplies

PSS CRM ACTIVITIES OXYGEN	110.24
PSS CRM ACTIVITIES OTHER SUPPLIES	8,499.78
total	8,610.02

Activities-Other

PSS CRM ACTIVITIES OTHER PURCHASED SERV	145.00
PSS CRM ACTIVITIES ACTIV/SPECIAL EVENTS	5,560.01
PSS CRM ACTIVITIES MISCELLANEOUS	461.54
PSS CRM SKILLED NSG ACTIV/SPECIAL EVENTS	23.91
total	6,190.46

Social Services-Supplies

PSS CRM SOCIAL WORK OTHER SUPPLIES	403.43

Admin Supplies

PSS CRM DEVELOPMENT OTHER SUPPLIES	5,221.27
PSS CRM ADMINISTRATION OTHER SUPPLIES	11,454.15
total	16,675.42

Clerical/Gen-Supplies

PSS CRM SKILLED NSG OFFICE SUPPLIES	1,856.04
PSS CRM SKILLED NSG PUBLICATIONS/PRINTED	914.88
PSS CRM SUPPORTIVE LIV OFFICE SUPPLIES	1,019.16
PSS CRM ACTIVITIES OFFICE SUPPLIES	674.90
PSS CRM ACTIVITIES PUBLICATIONS/PRINTED	20.36
PSS CRM SOCIAL WORK PUBLICATIONS/PRINTED	26.91
PSS CRM PLANT ENG OFFICE SUPPLIES	1,799.21
PSS CRM PASTORAL CARE OFFICE SUPPLIES	52.58
PSS CRM DEVELOPMENT OFFICE SUPPLIES	2,111.75
PSS CRM DEVELOPMENT PUBLICATIONS/PRINTED	249.00
PSS CRM ADMINISTRATION OFFICE SUPPLIES	18,481.65
PSS CRM ADMINISTRATION PUBLICATIONS/PRINTED	3,730.96
total	30,937.40

Clerical/Gen-Other

PSS CRM DEVELOPMENT POSTAGE/MAIL/COURIER	300.00
PSS CRM ADMINISTRATION POSTAGE/MAIL/COURIER	10,663.01
PSS CRM ADMINISTRATION TELEPHONE	18,507.05
total	29,470.06

Inservice Training & Education

PSS CRM ACTIVITIES EDUCATION/CONFERENCE	336.64
PSS CRM SOCIAL WORK EDUCATION/CONFERENCE	10.00
PSS CRM PLANT ENG EDUCATION/CONFERENCE	226.55
PSS CRM PASTORAL CARE EDUCATION/CONFERENCE	20.00
PSS CRM DEVELOPMENT EDUCATION/CONFERENCE	158.00
PSS CRM ADMINISTRATION EDUCATION/CONFERENCI	6,719.90
PSS CRM SKILLED NSG EDUCATION/CONFERENCE	4,496.70
total	11,967.79

Insurance

PSS CRM ADMINISTRATION GENERAL LIABILITY	42,576.00
PSS CRM ADMINISTRATION PROPERTY	6,288.00
PSS CRM ADMINISTRATION AUTOMOBILE	6,684.00
total	55,548.00

Depreciation

PSS CRM DEPRECIATION DEPR-LAND IMPROV	26,239.13
PSS CRM DEPRECIATION DEPR-BUILDING	160,173.03
PSS CRM DEPRECIATION DEPR-FIXED EQUIP	6,892.23
PSS CRM DEPRECIATION DEPR-MAJOR MOVE EQUI	91,585.64
total	284,890.03

Rent-Equipment

PSS CRM SKILLED NSG RENTAL/LEASE-EQUIP	20,958.63
PSS CRM SKILLED NSG RENTAL/LEASE-OTHER	17,373.95
PSS CRM ACTIVITIES RENTAL/LEASE-EQUIP	(72.00)
PSS CRM ADMINISTRATION RENTAL/LEASE-EQUIP	3,370.82
PSS CRM ADMINISTRATION RENTAL/LEASE-OTHER	(338.75)
total	41,292.65

Ancillary Svc Centers-Other

PSS CRM SKILLED NSG DRUGS	73,979.18
PSS CRM SKILLED NSG DRUG - MED PART A	271,546.80
total	345,525.98

Gross Revenue-All Levels of Care

PSS CRM SHELTER SELF PAY/OTHER LTC	(1,605,033.54)
PSS CRM INTERMEDIATE MEDICAID LTC	(439,647.31)
PSS CRM INTERMEDIATE SELF PAY/OTHER LTC	(377,916.67)
PSS CRM SKILLED MEDICARE LTC	(1,019,478.00)
PSS CRM SKILLED MANAGED CARE LTC	(954.00)
PSS CRM SKILLED COMMERCIAL LTC	(10,494.00)
PSS CRM SKILLED SELF PAY/OTHER LTC	(1,936,416.87)
PSS CRM SKILLED MEDICARE SNF IP	(552,004.44)
PSS CRM SKILLED MEDICARE OTHER IP	-
PSS CRM SKILLED OTH CONTRCT ALLOWR&B PVT	685,983.82
PSS CRM SKILLED OTHER ALLOWANCE ANCIL MCA	147,152.72
PSS CRM SKILLED OCCUP THERAPY INS	(2,890.24)
PSS CRM ANCILLARY SUPP MEDICARE PART B	(16.96)
PSS CRM ANCILLARY SUPP MEDICARE LTC	(19,855.31)
PSS CRM ANCILLARY SUPP MEDICAID LTC	(2,925.19)
PSS CRM ANCILLARY SUPP OTHER IP	(168.95)
PSS CRM ANCILLARY SUPP SELF PAY/OTHER LTC	(126,391.01)
PSS CRM INTERMEDIATE OTH COMMERCIAL IP	(14,521.00)
PSS CRM INTERMEDIATE CHARITY CARE IP	5,905.62
PSS CRM OTHER CONT ALLOW MEDICAID R&B	46,278.49
PSS CRM NONOP INC INVE SELF PAY/OTHER LTC	(15,108.36)
PSS CRM OTHER OPER INC OTHER ALLOWANCE-ANC	3,301.10
total	(5,235,200.10)

Therapy Revenue

PSS CRM OTHER OPER INC MCRA PHYS THPY REV	(247,305.04)
PSS CRM OTHER OPER INC MCRA OCCUP THPY REV	(246,333.32)
PSS CRM OTHER OPER INC MCRA SPEECH THPY REV	(39,434.09)
PSS CRM OTHER OPER INC MCRB PHY THPY REV	(37,967.68)
PSS CRM OTHER OPER INC MCRB OCCUP THPY REV	(23,241.22)
PSS CRM OTHER OPER INC MCRB SPEECH THPY REV	(4,114.21)
PSS CRM OTHER OPER INC PVT PAY PHY THPY REV	(30,498.53)
PSS CRM OTHER OPER INC PVT PAY OCC THPY REV	(22,626.77)
PSS CRM OTHER OPER INC PVT PAY SPCH THY REV	(6,788.82)
total	(658,309.68)

Sale of Drugs

PSS CRM OTHER OPER INC PHARMACY ALLOWANCE	11,766.08
PSS CRM OTHER OPER INC PHARMACY	(71,464.11)
PSS CRM OTHER OPER INC PHARMACY-PART A	(276,406.40)
total	(336,104.43)

Other Income

PSS CRM OTHER OPER INC CONSORTA REBATES	(12,936.84)
PSS CRM OTHER OPER INC MISC INCOME	(94,075.86)
PSS CRM OTHER OPER INC XRAY	(717.10)
PSS CRM OTHER OPER INC PT INSURANCE	(2,660.48)
total	(110,390.28)

Salaries

701010PSS CRM SKILLED NSG VARIABLE SAL-R	360,314.94
701030PSS CRM SKILLED NSG VARIABLE SAL-L	358,852.62
701050PSS CRM SKILLED NSG VARIABLE SAL-A	766,106.55
701050PSS CRM ACTIVITIES VARIABLE SAL-AIDE	(74.25)
701050PSS CRM DIETARY VARIABLE SAL-AIDE	362.50
701050PSS CRM HOUSEKEEPING VARIABLE SA	114,196.56
701050PSS CRM LAUNDRY VARIABLE SAL-AIDE	53,731.41
701050PSS CRM ADMINISTRATION VARIABLE S	153.13
701070PSS CRM SKILLED NSG VARIABLE SAL-T	55,142.49
701090PSS CRM SKILLED NSG VARIABLE SAL-C	66,221.91
701090PSS CRM SUPPORTIVE LIV VARIABLE SA	51,620.47
701090PSS CRM ACTIVITIES VARIABLE SAL-OT	106,517.33
701090PSS CRM SOCIAL WORK VARIABLE SAL-	26,848.50
701090PSS CRM DIETARY VARIABLE SAL-OTHE	280,191.50
701090PSS CRM PLANT ENG VARIABLE SAL-OT	64,615.58
701090PSS CRM ADMINISTRATION VARIABLE S	40,155.17
704100PSS CRM SKILLED NSG FIXED SALARIES	84,978.26
704100PSS CRM SUPPORTIVE LIV FIXED SALAR	31,980.72
704100PSS CRM ACTIVITIES FIXED SALARIES	14,183.76
704100PSS CRM SOCIAL WORK FIXED SALARIES	36,188.51
704100PSS CRM DIETARY FIXED SALARIES	81,322.98
704100PSS CRM PLANT ENG FIXED SALARIES	38,429.24
704100PSS CRM HOUSEKEEPING FIXED SALAR	2,918.40
704100PSS CRM LAUNDRY FIXED SALARIES	-
704100PSS CRM PASTORAL CARE FIXED SALAF	22,552.87
704100PSS CRM DEVELOPMENT FIXED SALARII	33,761.22
704100PSS CRM ADMINISTRATION FIXED SALAI	197,132.49
	2,888,404.86

770100PSS CRM BAD DEBT BAD DEBT EXPENSE	105,991.00
772800PSS CRM PROPERTY MGMT REAL ESTA	965.68
772900PSS CRM INTERMEDIATE SNF ASSESSM	34,492.50
613015PSS CRM OTHER OPER INC INTEREST IN	(0.08)
630000PSS CRM NONOP INC UNRE UNRESTRIC	(144,148.64)
430800PSS CRM SUPPORTIVE LIV SELF PAY/OT	(466,624.53)

Totals	(301,782.44)